

# Fundamental Youth Soccer Clinics Registration Form



**Please register at any City of Raleigh Community Center**

**Registration Dates:** January 1-31, 2019

**Fees:** FREE

**Barcode:** 237962

**Ages:** 5-7 years (age as of August 31, 2018)

**Location:** Sanderford Road Community Center

*(Rain location is Chavis Community Center)*

**Dates:** Every Tuesday in February starting

February 5—February 26

**Time:** 4pm—5pm

*"Where Sportsmanship Redefines Competition"*

Player Last Name \_\_\_\_\_ Player First Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ☐ Male ☐ Female

Parent/Guardian Name \_\_\_\_\_ Player Current Grade Level \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Pictures or video may be taken of participant for use in program publicity. ☐ Please check, if you **do not** approve.

The City of Raleigh Parks, Recreation and Cultural Resources Department welcomes the participation of all individuals, including those with disabilities or special needs. We are committed to compliance with the ADA and will provide reasonable accommodations to facilitate participation in our programs. **To ensure that reasonable accommodations are in place, program registration or accommodation requests should be received at least two weeks prior to the start date of the program.** For more information please contact Inclusion Services 919.996.2147.

I want Parks, Recreation and Cultural Resources to know about these medical conditions: \_\_\_\_\_

I want Parks, Recreation and Cultural Resources to know about these disabilities: \_\_\_\_\_

I request ADA accommodation for the disability/medical condition listed: Yes \_\_\_ No \_\_\_

## **Volunteer Coaches Needed!**

Volunteer coaches work with teams under the direction of the Raleigh Parks, Recreation and Cultural Resources Department. Let us know if you are interested!

Yes \_\_\_ No \_\_\_ Head Coach \_\_\_ Assistant Coach \_\_\_

## **For Office Use Only**

League Age: \_\_\_\_\_

Verified By: \_\_\_\_\_

Team: \_\_\_\_\_

League: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Registered at: \_\_\_\_\_

League Manager: \_\_\_\_\_



**Parks,  
Recreation and  
Cultural Resources**  
[parks.raleighnc.gov](http://parks.raleighnc.gov)

## **Athletics Division**

2401 Wade Avenue, Raleigh, NC 27607

919-996-6836

[parks.raleighnc.gov/athletics](http://parks.raleighnc.gov/athletics)

[athletics@raleighnc.gov](mailto:athletics@raleighnc.gov)

## Refund Policy

- 100% refund/credit/transfer if the Department cancels the program or the facility rental.
- Refund requests received in writing at least 14 or more days in advance of the program/rental/team placement date are entitled to:
  - A. 100% credit or transfer of fees to another program at the time of the withdrawal;
  - B. 85% refund based on the total cost of the program or rental;
  - C. 85% credit/transfer/refund of eligible rental fees
- Refund/credit/transfer requests received less than 14 days in advance of the program/rental/team placement date will not be granted.
- Refunds for medical circumstances requested prior to the program/rental/team placement date will be granted at 100%, pending verification.
- Outdoor facility usage cancelled due to inclement weather may be rescheduled pending space availability.
- A transfer must be requested at the time of withdrawal.
- A credit may be used by any family member on the same registration account.
- Non-attendance/non-participation in a program does not entitle the patron to a refund.

Refund requests may be sent to: **Raleigh Parks, Recreation and Cultural Resources Department** [Rbo.registration@raleighnc.gov](mailto:Rbo.registration@raleighnc.gov)

## Non-Discrimination Policy

The policy of the City of Raleigh is, and shall be, to oppose any discrimination based on actual or perceived age, mental or physical disability, sex, religion, race, color, sexual orientation, gender identity or expression, familial or marital status, economic status, veteran status or national origin in any aspect of modern life. A participant alleging discrimination on the basis of any of the aforementioned areas may file a complaint with either the Director of Raleigh Parks, Recreation and Cultural Resources Department or the Office of Equal Opportunity, U.S. Department of the Interior, Washington, D.C. 20240.

## Release, Indemnity, and Agreement Not To Sue

I understand that participating in the recreational program selected involves risk of injury or illness. These risks include, but are not limited to, inclement weather, accidents while traveling, food related illness, equipment problems or failures, contact with and actions of other participants, spectators, and volunteers, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs despite the risks.

By signing the Program Registration form, I acknowledge all risks of injury, illness, death, and property damage, and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees or its agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may assert on behalf of the child participation in the program. I also agree not to sue the City, its employees, or its agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from participation in the program.

## Parent Pledge

I hereby pledge to provide positive support and care for my child participating in youth sports by encouraging and demonstrating good sportsmanship for all players, coaches and officials at every game, practice and youth sports event. I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability."

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/legal guardian if child is under 18 \_\_\_\_\_ Date \_\_\_\_\_

*The Youth Athletics Program provides to all youth ages 5-18 the opportunity to participate in quality organized athletics through leagues, special events, camps and clinics. We strive to teach fundamental skills and rules, teamwork and sportsmanship in a fun atmosphere with the leadership of well trained volunteers and staff.*

